

2005-2006 ARKANSAS BETTER CHANCE PROGRAM IMPROVEMENT GRANT REPORTING FORM

Instructions:

1. Complete the information below in full.
2. Be sure to itemize all expenses for which improvement grant money paid for.
3. Check receipts to make sure the expense is clear and specific.
4. Attach receipts/invoices for all expenses.
5. Add any additional explanations in the space provided.
6. Submit by mail to Paul Lazenby, c/o DCC-ECE, P.O. Box 1437, Slot S-160, Little Rock, AR 72203.
Reporting form must be received by January 15, 2006.

Name of Program			
Name of Site(s) Involved			
Contact Name/Title			
Address			
City	Zip	Phone	
Amount of Funding Received for this site:		\$	

ITEM/EXPENSE	AMOUNT	EXPLANATION

I hereby state and certify that the ABC Improvement Grant Expense Report as submitted is true and correct. I understand that the program will be required to repay any funds not expended for goods and services deemed inappropriate by the Division of Child Care and Early Childhood Education.

SIGNATURE	PRINT NAME
TITLE	DATE